

Technology Literacy Challenge Grant
2000-01 FINAL EXPENDITURE REPORT (TLC01-30A)

For the grant period ending September 30, 2001

Recipients of Technology Literacy Challenge Grants are required to complete and submit this Final Expenditure Report along with the Final Expenditure Worksheet (TLC01-30B) no later than November 15, 2001 to:

Education Technology Office
California Department of Education
515 L Street, Suite 250
Sacramento, CA 95814
Attention: Delores Evarts

School District/County Office _____

County - District Code _____ - _____

CTAP Region _____

Please report:

| | |
|--|--|
| A. Total Grant Amount | |
| B. Expenditures made by September 30, 2001 (Enter as a negative number) | |
| C. Obligations made by September 30, 2001 (Enter as a negative number) | |
| D. Total Expenditures/Obligations (B+C) | |
| E. Funding Received (of A) | |
| F. Remaining funds to be paid by the CDE [Difference between (D) and (E)] | |
| G. Or, excess to be returned to CDE/Federal Government (Complete only if D is less than A)* | |

***The California Department of Education will invoice your agency for Line G.**

Certification of Local Education Agency

The signature of the school district's fiscal agent shall certify that the above expenditures were made or obligated by September 30, 2001, in accordance with all applicable requirements of the Technology Literacy Challenge Grant award.

Printed Name of District Fiscal Agent

Date

Signature of District Fiscal Agent

Title

Telephone Number

E-Mail Address

Technology Literacy Challenge Grant
2000-01 FINAL EXPENDITURE REPORT - WORKSHEET (TLC01-30B)

For the grant period ending September 30, 2001

Mail this worksheet to the CDE along with the Final Expenditure Report

School District/County Office _____

County/District Code _____ - _____

CTAP Region _____

Object Codes

Final Grant Expenditures/Obligations

| | | |
|-----------|---|-------|
| 1000-1999 | H. Certificated Personnel Salaries | _____ |
| 2000-2999 | I. Classified Personnel Salaries | _____ |
| 3000-3999 | J. Benefits | _____ |
| 4000-4999 | K. Materials and Supplies | _____ |
| 5000-5999 | L. Services/Other Operating Expenses | _____ |
| | M. Subtotal, excluding Accts. 6000 & 7000 | _____ |
| 7300-7399 | N. Indirect (_____ %, /state rate) Enter 10.55% as .1055 - Rate will be multiplied by Line M. (If used, total amount cannot exceed 5% of grant) 5% of Total Grant Amount is: _____ | _____ |
| 6000-6999 | O. Capital Outlay/Equipment | _____ |
| | P. Total Expenditures/Obligations | _____ |

Note: When applying the approved indirect cost rate to project expenditures, be aware that this rate is not applied to capital outlay or equipment. Refer to the *California State Accounting Manual* for a definition of equipment and for more information regarding categories of expenditures.